

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: H. H. Construction Inc
BUSINESS STREET ADDRESS: 13271 Sw 29ct Davie ZIP 33330
BUSINESS MAILING ADDRESS: 13271 Sw 29ct Davie ZIP 33330
BUSINESS PHONE: 954-236-5535
DESCRIBE TYPE OF BUSINESS: Gen. Contractor
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Barry Kaganick</u>	<u>13271 Sw 29ct</u>	<u>Davie</u>	<u>33330</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2000, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only. no signs or exterior storage, no on-site employees are permitted.

Barry Kaganick President
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>5/31/00</u>		Category <u>D5800</u>	Fee <u>212.95</u>	Rec# <u>82294</u>	New <input type="checkbox"/> Trans <input checked="" type="checkbox"/>
License # <u>99-13799</u>	Control # <u>11756</u>	Zoning <u>A-1</u> <u>(Parsona Station)</u>			
Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval <input type="checkbox"/>	Date _____			
Town Council Date _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>			
Tabled To _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>			
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____					

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION